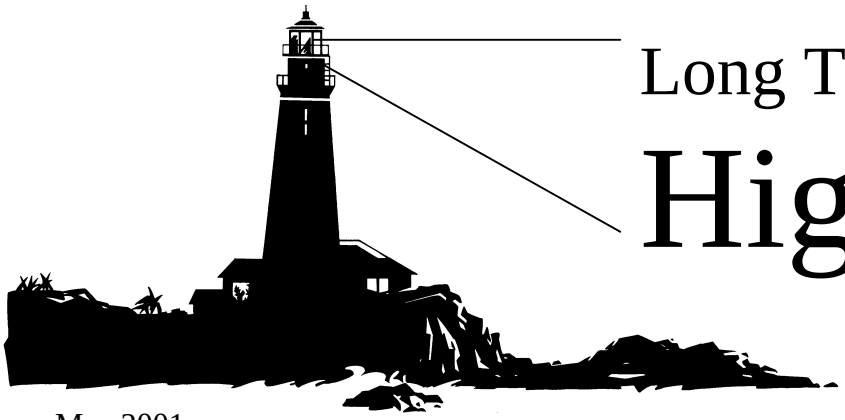


Long Term Care Highlights

May 2001

North Dakota Department of Health
Division of Health Facilities

Welcome to this edition of *Long Term Care Highlights*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. Administrators, please share this newsletter with your directors of nursing, dietitians, physical plant managers, social workers, acting directors, infection control and MDS coordinators, and other interested staff.

Validation Reports - Making Them Work for You!

Pat Rotenberger,
State MDS Coordinator

Do you look at your validation reports from HCFA to see if all of the MDSs you transmitted were accepted?

When a batch of MDSs is submitted to the HCFA server (Netscape), validation reports are available within a few minutes after transmission. These reports will identify the records submitted and whether the record was accepted or rejected. If the record was rejected, the report will give you the error message number and a brief description of the error.

It is important to check your validation reports shortly after transmitting to allow your facility staff to correct any errors in a timely manner and to determine whether all of the MDSs transmitted were accepted or not.

The website for a complete description of the validation report messages is: http://216.161.126.29:81/mdsdownload.html.

If you have any questions about your validation reports, e-mail Pat Rotenberger at protenbe@state.nd.us, or call her at 701.328.2352.

MDS Questions & Answers

Pat Rotenberger,
State MDS Coordinator

In March 2001, HCFA released the RAI Version 2.0 Questions and Answers. These questions and answers can be downloaded from the following web site: www.hcfa.gov/medicaid/mds20/res_man.htm.

An Approach for Bowel Management to Promote Regularity

Pat Kramer, RN
Health Facilities Surveyor

It is important for all members of the health care team to be involved in assessing and monitoring residents for changes in their normal bowel function. A successful bowel management program needs an organized, consistent team approach that focuses on recognition of risk factors that may contribute to the development of constipation and a proactive approach to ensuring dietary fiber intake, fluids, and appropriate activity to promote regularity.

Constipation refers to the passage of small, dry, hard stool or the infrequent and difficult passage of

stool. Many causes and factors contribute to constipation. Among them are the following:

- Increased psychological stress.

- Overuse of laxatives: Abuse of laxatives can damage nerve cells in the colon and interfere with the colon's natural ability to contract. Bulk-forming laxatives generally are considered the safest but can interfere with absorption of some medicines. These laxatives, also known as fiber supplements, are taken with water. They absorb water in the intestine and make the stool softer. Brand names include Metamucil, Citrucel, Konsyl and Serutan.[1] It is important to take these with at least 8 ounces of liquid. Some of these bulk-forming laxatives are to be followed by an additional 8 ounces of liquid. The use of laxatives needs to be assessed. Are there multiple laxatives ordered/used?

- Diet: A main cause of constipation may be a diet high in animal fats (meats, dairy products, eggs) and refined sugar, but low in fiber. A critical component of a successful bowel management program is ensuring that adequate fiber is in the diet. For many long term care residents, maintaining adequate intake of dietary fiber may be a challenge. Adequate fiber intake can be promoted by encouraging the consumption of a mixed diet including whole grains, fruits and vegetables. Factors including diet restrictions, poor dentition, chewing and swallowing problems, and other health factors may interfere with consumption of a fiber-rich mixed diet. In these cases, the most effective way to ensure adequate fiber in the diet is to include a dietary fiber supplement. There are many on the market. Choose a fiber supplement that causes the least amount of problems for the resident. A gradual increase in dietary fiber also may be better tolerated. Ensuring adequate fiber intake has been shown to promote regularity in the institutionalized elderly.[2]

- Insufficient fluid: An insufficient fluid intake reduces the amount of fluid in the chyme, which enters the large intestine. This lack of fluid in turn results in drier, harder feces.[3] The resident's fluid intake needs to be assessed.

- Medications: Pain medications (especially narcotics), antacids that contain aluminum, antispasmodics, antidepressants, tranquilizers, iron supplements, diuretics and anticonvulsants for epilepsy can slow passage of bowel movements.

- Specific diseases: Diseases that cause constipation include neurological disorders, metabolic and endocrine disorders, and systemic conditions that affect organ systems.[4]

- Irritable bowel syndrome (IBS): Some people with IBS have spasms in the colon that affect bowel movements.

- Decreased activity and mobility: Decreased activity and mobility also may affect bowel regularity because a slower metabolism results in less intestinal activity and muscle tone. Walking the resident to the dining area and doing range of motion exercises are being utilized in some facilities to increase a resident's activity and/or mobility.

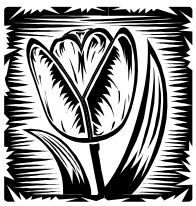
All these factors need to be assessed on an individual basis to keep the resident functioning at his/her highest potential. The bowel management approaches/interventions developed on the care plan are based upon the results of the individualized assessment.

References:

1,4 "Constipation," National Digestive Disease Information Clearinghouse, www.niddk.nih.gov/health/digest

2 Information taken from handouts at a workshop presented by Novartis Nutrition in Minneapolis, Minn.

3 "Constipation," www.agenet.com/aging-constipation.html



Falls
Bruce Pritschet,
Acting Director

How frequent are falls in nursing homes?

- Of the 1.5 million nursing home residents nationwide, about 50 percent fall at least once each year.[1]
- About 1,800 fatal falls occur each year in U.S. nursing homes.[2]
- Among people 85 years and older, 20 percent of fall-related deaths occur in nursing homes.[2]

How serious are these falls?

- About 10 percent to 20 percent of nursing home falls result in serious injuries; 2 percent to 6 percent result in fractures.[1]
- Falls can result in decreased physical functioning, disability and a reduced quality of life. Decreased confidence and fear of falling can lead to further functional decline, depression, feelings of helplessness and social isolation.[3]

Why do falls occur more often in nursing homes?

- Patients in nursing homes tend to be frailer than older adults living in the community. They tend to be older and more cognitively impaired, and they have greater limitations in their activities of daily living. These are some of the key factors associated with falling.[4]

What are the most common causes of nursing home falls?

- Weakness and gait problems are the most common causes. They account for about 24 percent of all falls in nursing homes.[3]
- Environmental hazards account for another 16 percent of nursing home falls.[4] Such hazards include wet floors, poor lighting, inappropriate use of bed rails, clutter, improper bed height, and improperly maintained or fitted wheelchairs.[2,3]
- Medications, especially psychotropic drugs, can increase the risk of falls and fall-related injuries.[5]
- Other causes include difficulty in transferring and poor foot care.[5]

What can be done to prevent falls in nursing homes?

Falls are caused by the interaction of a number of different factors. For this reason, fall prevention requires a combination of medical treatment, rehabilitation, environmental modification and technological interventions. Interventions include:

- Physical conditioning and/or rehabilitation such as exercise to improve strength and endurance, physical therapy, gait training or walking programs.[3]
- Environmental assessments and modifications to improve mobility and safety (e.g., installing grab bars, adding raised toilet seats, lowering bed heights, installing handrails in the hallways).[5]
- A review of prescribed medications to assess their potential risks and benefits.[6]
- Technological devices (e.g., alarm systems that are activated when patients try to get out of bed or move unassisted, or protective hip pads).[3]

Are physical restraints helpful in preventing falls?

- Restraints actually can contribute to fall-related injuries and deaths.[3] Limiting freedom of movement and personal autonomy results in deconditioning and muscle atrophy that can increase functional decline.[7] Since new federal regulations took effect in 1990, nursing homes have reduced the use of physical restraints.[3] Although some institutions have reported an increase in falls, fall-related injuries have decreased in most nursing homes.[4]

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2. Rubenstein, L.Z.; Josephson, K.R.; Robbins, A.S., Falls in the nursing home. Annals of Internal Medicine, 1994; 121:442-51.
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